STATE OF MARYLAND—CERTIFICATE OF DEATH

12075

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County Garrett — Registration Dist. No. 164

Village or City Grantsville — No. ____ St., ____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Ralph Junior Bowser

(a) Residence: No. ____ St., ____ Ward. ____

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): Sept 12 1939

7. AGE — Years: | Months: 3 | Days: 17 | If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Garrett Co Md

FATHER

13. NAME: Ralph Jacob Bowser

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Virginia Bellamie McClelland

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT (Address): Ralph J. Bowser Grantsville

18. BURIAL, CREMATION, OR REMOVAL: Burial

Place Strawn, Md Date Dec 31st, 1939

19. UNDERTAKER (Address): N. B. Rishebarger Addison Pa

20. FILED Dec 30, 1939 A. J. Rishebarger Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH: Dec 29, 1939 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Dec 29, 1939, to Dec 29, 1939

I last saw him alive on Dec 29, 1939; death is said to have occurred on the date stated above, at 7:00 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Influenza	5 days

Other Contributory Causes of importance: Pleurisy

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? No

If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of Injury ____, 19____

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ____

(Signed) N. R. Davis M. D.

(Address) Grantsville

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-C)

12076

CERTIFICATE OF DEATH

Reg. Dist. No. 171

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Garrett
City or town Rural Near Bittinger
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Garrett
City or town Bittinger Rural Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Simon Peter Brennamon

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Susan Brennamon
6(c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) April 15 - 1877

8. AGE:

Years	Months	Days	If less than one day
62	8	8	hrs. min.

9. Birthplace Rural Near Bittinger Garrett Md (Town, county, and state)
10. Usual occupation Carpenter
11. Industry or business
FATHER 12. Name Sebastain J Brennamon
13. Birthplace Rural Near Bittinger
MOTHER 14. Maiden name Lydia Bittinger
15. Birthplace Rural Near Jennings Garrett
16. Informant Lawrence Brennamon
Address Bittinger Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof 12-26-1939 (month) (day) (year)
Cemetery or crematory Cemetary
Location Bittinger
18. Funeral director Allen Winterberg
Address Grantsville Md
19. Dec. 26 1939 (Date rec'd by registrar) J B Emory Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 23 1939 at 9 a M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 1 1939 to Dec 23 1939 and that I last saw h alive on Dec 21 1939

	DURATION
Immediate cause of death Cerebral arteriosclerosis	4 yrs
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE N. R. Davis M. D.
M. D. or other
Address Grantsville Md Date signed Dec 23

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JAN 3 1940
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12077

Reg. Dist. No. 166

1. PLACE OF DEATH:

County: Garrett

City or town: Oakland, Md.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): Life Time

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Marland County: Garrett

City or town: Oakland, Md. Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: World War

3. (a) FULL NAME: Carl Jasper Brown

3. (b) Social Security Number:

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Prema Bolden Brown

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): August 17th 1886

8. AGE:

Years	Months	Days	If less than one day
53	3	18	hrs. min.

9. Birthplace: Selbysport, Md. (Town, county, and state)

10. Usual occupation: Merchant

11. Industry or business

FATHER 12. Name: Austin Brown.

13. Birthplace: Blooming Rose, Garrett Co.

MOTHER 14. Maiden name: Dosia Brown.

15. Birthplace: Selbysport, Md.

16. Informant: Mrs. Dora Coddington,

Address: Oakland, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof December 7/39 (month) (day) (year)

Cemetery or crematory: Oakland Cemetery

Location: Oakland, Md.

18. Funeral director: Emroy D. Bolden.

Address: O akland, Md.

19. 12/6/ 39 (Date rec'd by registrar) Julia A. Rowan Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 5th, 1939 at 1:00 A.M. P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 28 1939, to December 5 1939, and that I last saw h- in- alive on December 5 1939.

	DURATION
Immediate cause of death: Broncho-pneumonia	2 days
Due to: Malignant Hypertension with Arteriosclerosis	2-5 yrs
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: A. E. Mance, M.D.

M. D. or other

Address: Oakland Md Date signed 12-5-39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
JAN 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (82-a)

CERTIFICATE OF DEATH

12078

Reg. Dist. No. 170

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH
County Garrett
City or town Rural
(If outside city or town limits, write RURAL or NEAR and give town)
Street address, hospital, or institution: P.O. Lonaconing, Md., Route 1
Stay in hospital or inst. (yrs., or mos., or days) 1
Stay in this community (yrs., or mos., or days) 32 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Garrett
City or town Rural (If outside city or town limits, write RURAL or NEAR and give town) No.
Street No. —
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Margaret F. Green Crowe

3. (b) Social Security Number None

4. Sex F. | 5. Color or race Wh | 6.(a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Howard Crowe

6(c) If alive, give age 59 years

7. Birth date of deceased (mo., day, yr.) Nov. 24, 1882

8. AGE: Years 57 | Months 0 | Days 11 | If less than one day hrs. min.

9. Birthplace Lonaconing, Md. (Town, county, and state)

10. Usual occupation Housework

11. Industry or business Home

FATHER 12. Name Jefferson Green

FATHER 13. Birthplace Lonaconing

MOTHER 14. Maiden name Alice Pretty

MOTHER 15. Birthplace Lonaconing Md.

16. Informant Elmore Green

Address Frostburg, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 8, 1939 (month) (day) (year)

Cemetery or crematory Crowe Cemetery

Location Garrett County

18. Funeral director M. Eichhorn

Address Lonaconing, Md.

19. Dec 7 1939 (Date rec'd by registrar) Geo B Browne Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 5 1939 at 9P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1935, to Dec 5 1939 and that I last saw her alive on Dec 2. 1939

	DURATION
Immediate cause of death: Cerebral Hemorrhage Sudden Death	
Due to: Hyper Tension —	4 yr.
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy no

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ✓ Date of
Where did injury occur? ✓ (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Dr. E. Dan Taylor M. D. or other
Address Lonaconing Date signed 12/6/39

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(53-E)

CERTIFICATE OF DEATH

12079

Reg. Dist. No. 16

1. PLACE OF DEATH:

County: Garrett

City or town: Sang Run, Md.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Garrett

City or town: Sang Run Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Wylie Benjamin Dockens

3. (b) Social Security Number:

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife: Sarah Dockens

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Oct. 12 1874

8. AGE: Years	Months	Days	If less than one day
65	2	11	hrs. min.

9. Birthplace: St. Louis County Florida (Town, county, and state)

10. Usual occupation: Mechanics Helper

11. Industry or business: Railroad

FATHER

12. Name: James Dockens

13. Birthplace: Unknown

MOTHER

14. Maiden name: Amanda Nelson

15. Birthplace: Unknown

16. Informant: Mrs. Malinda Dockens

Address: Sang Run, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 25-39 (month) (day) (year)

Cemetery or crematory: Sangrun

Location: Sangrun

18. Funeral director: H. H. Savage

Address: Friendsville Md

19. Dec. 27 1939 (Date rec'd by registrar) Jeannette Slater Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 23, 1939 at 2:55A M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from ---------- 19---, to ---------- 19---, and that I last saw h--- alive on ---------- ---- 19---.

Immediate cause of death	DURATION
Carcinoma of Abdominal Viscera	
Due to No further information C.W.S.R.	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Dt operations

Dt autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury injured at work?

23. SIGNATURE: N. I. Broadwater

N. I. Broadwater

Deputy Medical examiner (M.D. or other)

Address: Oakland Md. Date signed 12/23/39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
JAN 4 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

12080

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

(81)

1. PLACE OF DEATH

County Garrett — Registration Dist. No. 161

Village or City Selbysport, Md. — No. — St., — Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 77 yrs. mos. ds. — How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mintie Dunham — If U. S. Veteran, specify WAR

(a) Residence: No. Selbysport, Md. St., Ward. (Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F	W	Widowed

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of William Dunham.

6. DATE OF BIRTH (month, day, and year) Oct. 31, 1862

7. AGE	Yeers	Months	Days	If LESS then 1 day, hrs. or min.
	77	1	15	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. X

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Mill Run, Md. (State or country) Garrett Co.

FATHER

13. NAME John M. Miller

14. BIRTHPLACE (city or town) (State or country) Va.

MOTHER

15. MAIDEN NAME Savilla Frazee

16. BIRTHPLACE (city or town) Frazee Ridge, Md. (State or country)

17. INFORMANT Mrs. Maud Faucett (Address) Selbysport, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Friendsville, Md. Date Dec. 18, 1939

19. UNDERTAKER A. T. Collins (Address) Terra Alta, W. Va.

20. FILED Dec. 17, 1939 Jeannette Slater Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Dec. (Month) 16 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from October 1938, to December 16, 1939

I last saw h[illegible] alive on Dec. 16, 1939; death is said to have occurred on the date stated above, at 12:50 P. M.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Generalized arteriosclerosis	1932
Glossopharyngeal Palsy	July 1939

Other **Contributory Causes** of importance:

Name of operation — Date of

Whet test confirmed diegnosis? — Was there en autopsy?

23. If death was due to externel causes (VIOLENCE) fill in also the following:

Accident, suicida, or homicide? Dete of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Eugene Greenwald M. D.

(Address) Friendsville, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a **clerk**.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The **principal cause of death** and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The **principal cause of death** and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

JAN 1 1940
BUREAU

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (946)

CERTIFICATE OF DEATH

12081

Reg. Dist. No. 1 61

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH: Garrett Co
County
Near Casey Mills
City or town (If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) All her life

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
State County
City or town Ward No. (If outside city or town limits, write RURAL NEAR and give town)
Street No. (If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Susan Fazenbaker

3. (b) Social Security Number None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife John Fazenbaker
6(c) If alive, give age 87 years

7. Birth date of deceased (mo., day, yr.) Dec 28 - 1852

8. AGE:

Years	Months	Days	If less than one day
86	11	18	hrs. min.

9. Birthplace Garrett Maryland (Town, county, and state)
10. Usual occupation House Wife
11. Industry or business

FATHER
12. Name Jos Bittinger
13. Birthplace Maryland

MOTHER
14. Maiden name Elizabeth Fouche
15. Birthplace Maryland

16. Informant John Fazenbaker
Address Accident Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec-16-1939 (month) (day) (year)
Cemetery or crematory Methodist
Location Near Casey Mills
18. Funeral director H. W. Savage
Address Friendsville Md

19. Dec 17 1939 Jeannette Butler
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 16 1939 at 11:30 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 7, 1939 to December 16 1939 and that I last saw h ss alive on December 16 1939

Immediate cause of death	DURATION
Cerebral thrombus	9 days
Generalized arteriosclerosis	20 years
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Eugene Greenwald MD
M. D. or other
Address Friendsville, Md Date signed 12-17-39

RECEIVED
JAN 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131)

CERTIFICATE OF DEATH

12082

Reg. Dist. No. 166

1. PLACE OF DEATH:

County Garrett

City or town Swanton. Md.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) Life Time

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Garrett

City or town Swanton, Md. Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME Edmund Friend

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Katie Friend

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 1st, 1861.

8. AGE: Years	Months	Days	If less than one day
78	1	10	hrs. min.

9. Birthplace Garrett County

(Town, county, and state)

10. Usual occupation Farmer.

11. Industry or business

FATHER 12. Name John Friend.

13. Birthplace G arrett County

MOTHER 14. Maiden name Sarah J ohnson.

15. Birthplace Garrett County.

16. Informant Mrs. Katie Friend.

Address S wanton, Md. Route #2

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 13, 1939 (month) (day) (year)

Cemetery or crematory Glendale Cemetery

Location Near Thayerville. Md.

18. Funeral director Emroy D. Bolden.

Address O akland, Md.

19. 12/12/39 (Date rec'd by registrar) Julia Rowan Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 11 1939, at 1:00 a. m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 18 1939 to Dec 11 1939, and that I last saw h~~er~~ alive on Nov 18 1939.

Immediate cause of death	DURATION
Cardio-Vascular Renal Disease	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE N. I. Broadwater M. D. or other

Address Oakland Md Date signed 12/11/39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
JAN 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (210-m)

12083

CERTIFICATE OF DEATH

Reg. Dist. No. 161

1. PLACE OF DEATH:

County Garrett

City or town Friendsville Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) All his Life

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Garrett

City or town Friendsville Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Walter Lee Friend

3. (b) Social Security Number None

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 17, 1933

8. AGE: Years 6 Months 10 Days 14 If less than one day hrs. min.

9. Birthplace Friendsville Md (Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name Lawrence Friend

13. Birthplace Friendsville Md

MOTHER 14. Maiden name Manilla Savage

15. Birthplace Friendsville Md

16. Informant Manilla Friend

Address Friendsville Md

17. J (Burial, cremation, or removal. Which?) Date thereof Jan 2-1940 (month) (day) (year)

Cemetery or crematory Friendsville Savage Addition

Location Friendsville Md

18. Funeral director W. W. Savage

Address Friendsville Md

19. 1-1- 1939 (Date rec'd by registrar) Jeannette Staller Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 31 1939, at 5:10 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 30 1939, to December 31 1939, and that I last saw h in alive on December 31 1939.

Immediate cause of death: Cerebral Hemorrhage; Skull fracture

Due to: Automobile accident

Due to

Other conditions: Simple fracture left leg

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION: 2 days

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Accident Date of 12-30-39

Where did injury occur? Friendsville (City or town) Garrett (County) Md (State)

Injured at home, farm, industry, public place (where?) Public place

Means of injury Automobile Injured at work? No.

23. SIGNATURE Eugene Greenwald MD M. D. or other

Address Friendsville, Md. Date signed 1-1-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(94-a)

CERTIFICATE OF DEATH

12084

Reg. Dist. No. 161

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Garrett
City or town: Friendsville Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 68 Yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Garrett
City or town: Friendsville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: William H. H. Friend Jr

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

B (b) Name of husband or wife: Effie Friend
6.(c) If alive, give age: 67 years

7. Birth date of deceased (mo., day, yr.): Mar 9 - 1871

8. AGE:

Years	Months	Days	If less than one day
68	9	20	hrs. min.

9. Birthplace: Maryland (Town, county, and state)
10. Usual occupation: Merchant
11. Industry or business: Store
FATHER 12. Name: William H. H. Friend
13. Birthplace: Md
MOTHER 14. Maiden name: Jane F. Friend
15. Birthplace: Md
16. Informant: Mrs Effie Friend
Address: Friendsville Md
17. (Burial, cremation, or removal. Which?) Date thereof: Dec 31 - 1939 (month) (day) (year)
Cemetery or crematory: Friendsville Md
Location: Friendsville
18. Funeral director: H. H. Savage
Address: Friendsville Md
19. Dec 31 1939 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 29 1939, at a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 26 1939 to Dec 28 1939, and that I last saw him alive on Dec 28 1939.

Immediate cause of death	DURATION
Apoplexy cerebral	
Angina pectoris	
Due to	
Due to	
Other conditions: Senility	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
injured at home, farm, industry, public place (where?)
Means of injury injured at work?

23. SIGNATURE: R. D. Brown M.D.
M. D. or other
Address: Friendsville, Md Date signed: 12/30/39

RECEIVED
JAN 4 1946
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12085

Reg. Dist. No. 166

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Garrett
City or town Mt. Lake Park,
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Dennett Road
Stay in hospital or Inst. (yrs., or mos., or days) ----
Stay in this community (yrs., or mos., or days) 19 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Garrett
City or town Mt. Lake Park, Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Dennett Road
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR ------

3. (a) FULL NAME Ida Agnes Weekley Grove

3. (b) Social Security Number -----

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

8 (b) Name of husband or wife Jesse Robert Grove
6(c) If alive, give age 74 years

7. Birth date of deceased (mo., day, yr.) May 27, 1868

8. AGE: Years	Months	Days	If less than one day
71	6	13	---- hrs. ---- min.

9. Birthplace Wilbur, Tyler Co., W. Va.
(Town, county, and state)
10. Usual occupation Housewife
11. Industry or business Own Home

FATHER
12. Name Daniel Weekley
13. Birthplace Tyler Co., W. Va.

MOTHER
14. Maiden name Jane Pratt
15. Birthplace Tyler Co., W. Va.

16. Informant Mrs. Francis Smith
Address Middlebourne, W. Va.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 12, 1939 (month) (day) (year)
Cemetery or crematory Wilbur, Tyler Co., W. Va.
Location Tyler Co., W. Va.
18. Funeral director Herbert C. Leighton
Address Oakland, Md.
19. 12/11/39 Julia Brown
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 9, 1939 at 6:45 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 28 1939 to Dec 9 1939
and that I last saw h-- alive on Dec 9 1939

Immediate cause of death	DURATION
Cerebral Hemorrhage	
Due to	
Due to Hypertension	
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged stallsli-cally.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE H. S. Broadwater M. D. or other
Address Oakland Md Date signed 12/10/39

RECEIVED
JAN 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (82-a)

CERTIFICATE OF DEATH

12086

Reg. Dist. No. 172

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Garrett
City or town: Vindex
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 5 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Garrett
City or town: Vindex Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: James Davis Kinser

3. (b) Social Security Number: 215-10-8078

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6(c) If alive, give age 4 years

7. Birth date of deceased (mo., day, yr.): January 24th 1902

8. AGE:

Years	Months	Days	If less than one day
37	10	30	hrs. min.

9. Birthplace: Swanton, Garrett, Md.
(Town, county, and state)

10. Usual occupation: Miner

11. Industry or business: Coal Mine

FATHER
12. Name: James Kinser
13. Birthplace: Bedford, Pa.

MOTHER
14. Maiden name: Martha C. Swaitzer
15. Birthplace: Accident, Md.

16. Informant: Oswald Tasker
Address: Vindex, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 26, 1939 (month) (day) (year)
Cemetery or crematory: Bethlehem Hill
Location: Elk Garden

18. Funeral director: D. J. Boaf
Address: Barton Md.

19. Dec 26 1939 (Date rec'd by registrar) L. C. Bray Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 23rd 1939 at 11:45 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1st 1939, to Dec 23rd 1939, and that I last saw him alive on Jan 17th 1939.

Immediate cause of death	DURATION
Cerebral Hemmhage	Sudden
Due to	
Due to	
Other conditions: Hypertension	Uncertain

(Include pregnancy within 3 months of death)

Major findings:
Of operations: none
Of autopsy: none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

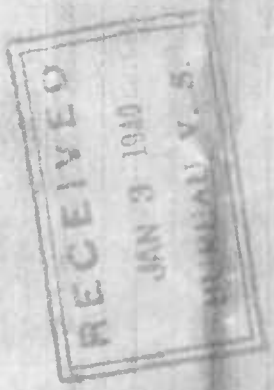
22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? — (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work? —

23. SIGNATURE: R. A. Linn M.D.
M. D. or other
Address: Keyser W. Va. Date signed 12/26/39

(over)

12/26/39 The county health examiner was notified of this death and authorized me to sign death certificate. [illegible] M.D.

RECEIVED
JAN 3 1940
BUREAU V. S.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-B)

CERTIFICATE OF DEATH

12489

Reg. Dist. No. 12

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Garrett

City or town Rural Grantsville

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 40

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Garrett

City or town Rural Near Grantsville Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Wilson J. Livingood

3. (b) Social Security Number None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Elisabeth Livingood

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 20 - 1866

8. AGE: Years	Months	Days	If less than one day
73	-	8	hrs. min.

9. Birthplace Rural Salisbury-Somerset Pa (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER 12. Name John Livingood

FATHER 13. Birthplace Rural Salisbury-Somerset Pa

MOTHER 14. Maiden name Catherine Folk

MOTHER 15. Birthplace Rural Salisbury Somerset Pa

16. Informant Elisabeth Livingood

Address R D Grantsville Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 12 - 6 - 1939 (month) (day) (year)

Cemetery or crematory Folk Cemetary

Location Rural Near Grantsville

18. Funeral director Wm Winterberg

Address Grantsville R d

19. Feb. 3, 1940 (Date rec'd by registrar) Clyde F Bender Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH DEC 3 1939, at 11A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from NOV 1 1939, to DEC 3 1939, and that I last saw him 1m alive on DEC 3 1939.

Immediate cause of death	DURATION
CARCINOMA OF STOMACH	?
Due to ?	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy None

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury injured at work?

23. SIGNATURE B H Hoke Jr M. D. C. other

Address Salisbury Pa Date signed Dec 4 1939

RECEIVED
FEB 17 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-C)

CERTIFICATE OF DEATH

12087

Reg. Dist. No. 166

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County GARRETT

City or town OAKLAND, MD.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 21 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MARYLAND County GARRETT

City or town OAKLAND, MD. Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME CHARLES NEWTON McINTIRE.

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife EVA FRANCES McINTIRE.

6(c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) OCTOBER 18th 1875

8. AGE:

Years	Months	Days	If less than one day
64	2	2	hrs. min.

9. Birthplace PRESTON COUNTY, W. VA.

(Town, county, and state)

10. Usual occupation HARDWARE MERCHANT.

11. Industry or business

FATHER

12. Name GEORGE W. McINTIRE

13. Birthplace MARION COUNTY, W. Va.

MOTHER

14. Maiden name AMANDA STALLINGS.

15. Birthplace FLINTSTONE, MD.

16. Informant RONALD E. McINTIRE

Address OAKLAND, MARYLAND.

17. BURIAL (Burial, cremation, or removal. Which?) Date thereof DEC. 22d, 1939 (month) (day) (year)

Cemetery or crematory OAKLAND, MARYLAND.

Location OAKLAND, MARYLAND.

18. Funeral director EMROY D. BOLDEN.

Address OAKLAND, MARYLAND.

19. 12/21/39 (Date rec'd by registrar) Julia Cowan Registrar

MEDICAL CERTIFICATION 11:10AM

20. DATE OF DEATH DECEMBER 20th, 1939 at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 13 1939 to Dec. 20 1939, and that I last saw him alive on Dec. 20 1939

Immediate cause of death Carcinoma of Duodenum — DURATION 1 yr

Carcinoma of Ceacum — 2 yr

Due to

Due to

Other conditions Intestinal Obstruction caused by Carcinoma of Ceacum — 1 wk.

(Include pregnancy within 3 months of death)

Major findings:

Of operations Carcimoma of Ampulla of Vater, Metastatic glandular involvement.

Of autopsy None performed.

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE C. Irving Baumgartner M. D. M. D. or other

Address Oakland, Md. Date signed 12/21/39

RECEIVED
JAN 8 1948
BUREAU V. S.

12088

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (212m)

CERTIFICATE OF DEATH

Reg. Dist. No. 161

1. PLACE OF DEATH:

County Garrett

City or town Friendsville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) One Year

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Friendsville Md County Garrett

City or town Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Gilbert Lee Metz Jr

3. (b) Social Security Number no

4. Sex Male

5. Color or race White

6. (a) Single, ~~married, widowed~~, or divorced Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 22 - 1929

8. AGE: Years 10 Months 1 Days 7 If less than one day hrs. min.

9. Birthplace Md
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name Gilbert Lee Metz
13. Birthplace Wva

MOTHER
14. Maiden name Grace Underwood
15. Birthplace Tenn

16. Informant Grace Metz
Address Friendsville Md

17. (Burial, ~~cremation, or removal~~. Which?) Date thereof Dec 31 - 1939 (month) (day) (year)

Cemetery or crematory Brethern

Location Near Accident Md

18. Funeral director W W Swayer
Address Friendsville Md

19. Dec. 31 1939 (Date rec'd by registrar) Jeannette Statler Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 29 1939, at 11a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 ,
and that I last saw h alive on 19

Immediate cause of death Skull fracture

Due to accident colliding with truck, while

~~Due to~~ coasting

~~Other conditions~~ This certificate signed by me by authority of
(Include pregnancy within 3 months of death)

Major findings:
Of operations Stater attorney

Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of Dec 29 1939

Where did injury occur? Friendsville (City or town) Garrett (County) Md. (State)

Injured at home, farm, industry, public place (where?) Street

Means of injury see above Injured at work?

23. SIGNATURE R. D. Brown M.D.
M. D. or other

Address Friendsville Date signed 12/30/39

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 4 1946
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-E)

CERTIFICATE OF DEATH

12089

Reg. Dist. No. 166

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
County Garrett
City or town Grellin
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: ✓
Stay in hospital or inst. (yrs., or mos., or days) ✓
Stay in this community (yrs., or mos., or days) 14 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Garrett
City or town Grellin Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. ✓
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Sarah Catherine (Kirby) Park

3. (b) Social Security Number ✓

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife John Park
6 (c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) July 26, 1860

8. AGE:

Years	Months	Days	If less than one day
79	5	5	hrs. min.

9. Birthplace Allegheny Co., Md.
(Town, county, and state)
10. Usual occupation housewife
11. Industry or business own home
FATHER 12. Name John Kirby
13. Birthplace Va.
MOTHER 14. Maiden name Mary Louise Spencer
15. Birthplace Allegheny Co., Md.
16. Informant Abrecham Park
Address Frostburg, Md.
17. Burial Date thereof Jan. 2, 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Texas, W. Va.
Location Preston Co.
18. Funeral director Herbert C. Leighton
Address Oakland, Md.
19. Jan 1. 1940 Julia Rawson
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 31 1939 12:53 A. M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 27 1939 to Dec 31 1939, and that I last saw her alive on Dec 29 1939.

Immediate cause of death	DURATION
Pneumonia	
Due to Pneumonia	
Due to	
Other conditions Chronic Myocarditis	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE M. C. Hineborough M. D. or other
Address Oakland Md Date signed

RECEIVED
JAN 8 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (HC)

CERTIFICATE OF DEATH

12090

Reg. Dist. No. 172

1. PLACE OF DEATH:
County Garrett
City or town Swanton
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 77 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Garrett
City or town Swanton Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Horace Resley Shank

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Catherine Elizabeth (Ralston) Shank 6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 23 - 1862

8. AGE:

Years	Months	Days	If less than one day
77	7	9	hrs. min.

9. Birthplace , Garrett Co., Md.
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Henry Shank
13. Birthplace Shanksville, Somerset Co. Pa.

MOTHER
14. Maiden name Susan Spangler
15. Birthplace Shanksville, Somerset Co. Pa.

16. Informant Mrs. S. R. Shank
Address 308 N. Waverly Terrace, Cumberland Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 5, 1939 (month) (day) (year)
Cemetery or crematory Deer Park Cemetery
Location Deer Park, Maryland

18. Funeral director Otha F. Sharpless
Address Blaine, West Virginia

19. Dec 5 1939 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 2 1939, at 11:15 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 1 1939 to Dec. 2 1939, and that I last saw him alive on Dec. 2 1939.

	DURATION
Immediate cause of death Carcinomatosis (bowels & liver)	
Due to Primary Carcinoma of intestines Duration: one year. Cured.	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Carcinomatosis of bowels & liver
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Ralph Colandrella M.D.
M. D. or other
Address Keyser, W. Va. Date signed Dec. 5-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
FEB 3 1940
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (94)

12091

CERTIFICATE OF DEATH

Reg. Dist. No. 161

1. PLACE OF DEATH:
County Garret
City or town Friendsville, Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Garrett
City or town Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Sarah E. Sterling

3. (b) Social Security Number None

4. Sex: Female
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Jack Sterling
6(c) If alive, give age 54 years
7. Birth date of deceased (mo., day, yr.) Sept. 25, 1864

8. AGE: Years 75 Months 3 Days 6 If less than one day ___ hrs. ___ min.

9. Birthplace Maryland (Town, county, and state)
10. Usual occupation Housewife
11. Industry or business

FATHER
12. Name John Fresh
13. Birthplace Md

MOTHER
14. Maiden name Sarah Elizabeth Fresh
15. Birthplace Bittinger, Md

16. Informant Noah Teets
Address Friendsville Md

17. (Burial, cremation, or removal. Which?) Date thereof Jan. 3 1940 (month) (day) (year)
Cemetery or crematory Friendsville Md
Location Friendsville

18. Funeral director W. W. Savage
Address Friendsville Md

19. Jan 3 1940 (Date rec'd by registrar) Jeannette Stalle Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 31 1939, at 10P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 31 1939, to December 31 1939, and that I last saw her alive on December 31 1939.

Immediate cause of death	DURATION
Coronary occlusion.	15 min.
Due to Generalized Arteriosclerosis.	15 yrs.
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Eugene Greenwald MD
M. D. or other
Address Friendsville, Md Date signed 1-1-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
FEB 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

CERTIFICATE OF DEATH

12092

Reg. Dist. No. 167

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH: Garrett

County

City or town: Red House

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State County

City or town Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Earle Wolfe (#1)

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) December 15, 1939

8. AGE: Years	Months	Days	If less than one day
Still born			hrs. min.

9. Birthplace Red House, Garrett Co. Md.
(Town, county, and state)

10. Usual occupation None

11. Industry or business

FATHER 12. Name Richard Burdette Wolfe

13. Birthplace Keyser, W. Va.

MOTHER 14. Maiden name Viola Geraldine Kitzmiller

15. Birthplace Red Oak, Md.

16. Informant Richard Wolfe

Address Oakland, Md. Route #2.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 16 1939 (month) (day) (year)

Cemetery or crematory Wolfe

Location Near Red House Md

18. Funeral director Richard Wolfe (acting)

Address Oakland Md RF2

19. Dec 15 39 (Date rec'd by registrar) Elmer C. Shaffer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Still born Dec 15 1939, at 2:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 15 1939, to 19; and that I last saw h alive on 19.

Immediate cause of death	DURATION
Hemorrhage in condition of placenta - the death of kid, the first born	
Due to twin was more recent than that of 2nd born	
Due to No maternal causes known	
Other conditions	
(Include pregnancy within 3 months of death)	

Major findings:

Of operations None

Of autopsy None

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Harold C. Miller, M.D.
M. D. or other

Address Eglon, W. Va. Date signed 12/15/39

RECEIVED
JAN 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

CERTIFICATE OF DEATH

12093

Reg. Dist. No. 167

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Garrett
City or town: Red House
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: County:
City or town: Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Verle Wolfe (#2)

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife:
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): December 15, 1939

8. AGE: Years	Months	Days	If less than one day
Stillborn			hrs. min.

9. Birthplace: Red House, Garrett County, Md.
(Town, county, and state)

10. Usual occupation: None

11. Industry or business

FATHER
12. Name: Richard Burdette Wolfe
13. Birthplace: Keyser, W.Va.

MOTHER
14. Maiden name: Viola Geraldine Fitzmiller
15. Birthplace: Red Oak, Md.

16. Informant: Richard Wolfe
Address: Oakland, Md. Route #2

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 16 1939 (month) (day) (year)
Cemetery or crematory: Wolfes
Location: Near Red House

18. Funeral director: Richard Wolfe (acting)
Address: Oakland Md R#2

19. Dec 15 39 (Date rec'd by registrar) Elmer C. Shaffer Registrar
Dep.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Stillborn Dec 15 1939, at 3 A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 15 1939, to 19; and that I last saw h alive, on 19.

Immediate cause of death: Hemorrhagic condition of placenta. The death of this, the second born twins, had taken place some time before that of the first born.

DURATION

Other conditions: No maternal causes known.

(Include pregnancy within 3 months of death)

Major findings:
Dt operations: None
Dt autopsy: None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: injured at work?

23. SIGNATURE: Harold C. Miller M.D.
M. D. or other
Address: Eglon, W.Va. Date signed 12/15/39

RECEIVED
JUN 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-7)

CERTIFICATE OF DEATH

12490

Reg. Dist. No. 162

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Garrett

City or town Rural Near Grantsville

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 50 y

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Garrett

City or town Rural Near Grantsville Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Egra M Yoder

3. (b) Social Security Number None

4. Sex: Male | 5. Color or race: White | 6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife Amanda Yoder

6(c) If alive, give age 41 years

7. Birth date of deceased (mo., day, yr.) Sept 18 - 1898

8. AGE: Years 50 | Months 3 | Days 29 | If less than one day ____ hrs. ____ min.

9. Birthplace Rural Near Grantsville (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER 12. Name Mason D Yoder

FATHER 13. Birthplace Rural Near Meyersdale

MOTHER 14. Maiden name Carolina Blachey Pa

MOTHER 15. Birthplace Rural Near Grantsville

16. Informant Ed M Yoder

Address Grantsville Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 12-19-1939 (month) (day) (year)

Cemetery or crematory Locate Deer Cemetary

Location Rural Near Salisbury

18. Funeral director Wm Winterberg

Address Grantsville Md

19. Feb. 3 1940. Clyde F. Beiler

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 17 1939, at 4:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1 1939 to Dec. 17 1939 and that I last saw him alive on Dec. 17 1939

Immediate cause of death Carcinoma of Pancreas — DURATION 8 mo.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE B H Hoke M. D. or other

Address Salisbury Pa Date signed Dec 7, 1939

RECEIVED
FEB 17 1910
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12094

Reg. Dist. No. 166

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Garrett
City or town Hutton
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or insl. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) about 2 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Garrett
City or town Hutton Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Mrs. Nancy Elizabeth Young

3. (b) Social Security Number

4. Sex: Female

5. Color or race: white

6. (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife: Joseph A. Young

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): Apr. 8, 1853

8. AGE: Years 86, Months 8, Days 1, If less than one day hrs. min.

9. Birthplace: Kingwood, Preston, West Va.
(Town, county, and state)

10. Usual occupation: housewife

11. Industry or business

FATHER 12. Name: Benjiman Teets

13. Birthplace: Clarksburg, W. Va.

MOTHER 14. Maiden name: Christine Wolfe,

15. Birthplace: Clarksburg, W. Va.

16. Informant: Mrs. Agnes Connell,

Address: Hutton, Md.

17. Burial and Removal (Burial, cremation, or removal. Which?) Date thereof Dec. 11, 1939. (month) (day) (year)

Cemetery or crematory: Terra Alta Cemetery

Location: Terra Alta, W. Va.

18. Funeral director: Fike and Watson, By Franklin Fike

Address: Terra Alta, W. Va.

19. 12/10/39 (Date rec'd by registrar) Julia B. Rowan Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 9th 1939, at 12.25 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 1 1937, to Dec 9 1939, and that I last saw h-er alive on Nov 26 1937

Immediate cause of death	DURATION
Pyelonephritis Chronic	
arterio sclerosis	
Due to Cardio Vascular	
diseases.	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE F. D. Fortney M. D. or other

Address Newburg W Va Date signed 12-11-39

RECEIVED
JAN 8 1910
BUREAU V. S.